

THE STATE HUMAN RELATIONS COMMISSION

STATE OF DELAWARE

INTAKE DISCRIMINATION COMPLAINT

1. Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)	Home Phone ()	Business Phone ()
Street Address (city, county, State and zip code)		
2. Against whom is this complaint being filed? Name (last name, first name, middle initial)	Home Phone ()	Business Phone ()
Street Address (city, county, State and zip code)		
Name and identify others (if any) you believe violated the law in this case:		
3. What did the person against whom the complaint was filed do? Give the most recent date these act (s) occurred in block No. 5b below.		
4. Do you believe that you were discriminated against because of your race, color, age, sex, handicap, familial status, marital status, national origin, religion, creed? Check all that apply:		
<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Age (specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Familial Status presence of children under 18 in the family; <input type="checkbox"/> Pregnant female	<input type="checkbox"/> Marital Status (Specify)
<input type="checkbox"/> National Origin (Specify)	<input type="checkbox"/> Religion (Specify)	<input type="checkbox"/> Creed (Specify)
5a. Summarize in your own words what happened. Use this space for a brief and concise statement of facts (who, what, when, where, how). Additional details may be submitted on an attachment.		
5b. When did the act (s) checked in item 3 occur? (Include the most recent date if several dates are involved)		
6. How did you find out about the Division of Human Relations?		
Signature and Date:		
Form Created 11/29/00 (SP); Revised 8-04-03		